

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011035 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____ | (X3) DATE SURVEY COMPLETED 08/11/2015 |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BROOKDALE ASHEVILLE WALDEN RIDGE

4 WALDEN RIDGE DRIVE
ASHEVILLE, NC 28803

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| C 000 | Initial Comments Report of Biennial Construction Survey by Dennis Harrell and Greg Cares on 8-11-2015. Records indicate that this facility was first licensed or submitted for licensure on 7-30-1998, for the licensed capacity of 38 residents. Based on this information, the facility is required to meet the 1996 Rules for Homes for the Aged and Disabled - Minimum Standards and Regulations, applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the applicable portions of the 1996 North Carolina State Building Code, Volume I General Construction, Section 409.1, Group I - Unrestrained. | C 000 | CONSTRUCTION SECTION SEP 02 2015 RECEIVED | |
| C 133 | Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: Based on observation, the hand grip provided at the toilet in the bathroom off room C7 was loosely mounted to the wall. Loose hand grips could cause a resident to fall. | C 133 | | |
| C 166 | Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS | C 166 | | |

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Initial

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Dale H. C. Brooks, RN

TITLE

Executive Director

DATE

8/11/15

STATE FORM

10000

VECW21

If continuation sheet 1 of 7

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| C 166 | <p>Continued From page 1</p> <p>(a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the range in the kitchen was equipped with an integral shelf above the cooking surface. The placement of the range under the hood was such that the nozzles of the hood fire suppression system were pointed as much at the shelf as at the cooking surface. Consult with the range hood inspection company to verify that the direction of the fire suppression nozzles is appropriate to extinguish a fire on the range cooking surface.</p> <p>2. Based on observation, the floor coverings in several of the exit corridors were broken and presented a trip and fall hazard in at least 2 of the exit corridors. Findings include: a. The floor covering was broken and turned up on the edge, presenting a trip hazard in the exit corridor near room A3. b. The floor covering was broken and turned up on the edge, presenting a trip hazard in the exit corridor near room D3.</p> <p>3. Based on observation, the hose on the hair wash wand in the Beauty Salon was long enough to reach the sink basin and there was no vacuum breaker provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed.</p> | C 166 | | |

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| C 189 | Continued From page 2 | C 189 | | |
| C 189 | <p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. Based on observation, one of the cross-corridor doors near room D2 failed to close completely when activated by the fire alarm system. Cross-corridor doors that do not close completely present the possibility that a fire that begins in one space can quickly spread through the corridor to the remainder of the facility. 2. Based on observation, the exterior exit path at the exit near room B8 was obstructed with several chairs. Obstructed exit paths could delay or prevent an evacuation in an emergency. 3. Based on observation, some exit corridors were obstructed with stored items. Obstructed exit corridors could delay or prevent an evacuation in an emergency. Findings include: a. There were items stored in the exit corridor near room B8. b. There was a box springs and mattress stored in the exit corridor near room D3. 4. Based on observation, many corridor doors | C 189 | | |

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| C 189 | <p>Continued From page 3</p> <p>are not closing completely or are not properly fitting the opening to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include;</p> <ul style="list-style-type: none"> a. The door to room C2 has sagged and will not close and latch. b. The door to the laundry near room A8 did not properly fit the opening at the top of the door. c. The door to room D1 did not properly fit the opening at the top of the door. d. The door to room D2 did not properly fit the opening at the top of the door. e. The door to room D5 did not properly fit the opening at the top of the door. f. The door to room D6 did not properly fit the opening at the top of the door. <p>5. Based on observation, the closer and latch had been removed from the ¾ fire rated door separating the kitchen from an exit access corridor. Fire rated doors that do not close and latch could render the exit corridor unusable in a fire.</p> <p>6. Based on observation, the ¾ fire rated door separating the kitchen from the serving kitchen, which is open to the dining room, could be obstructed from closing completely and latching by a slide bolt latch. Fire rated doors that do not close and latch could allow fire to spread quickly from the kitchen to the dining room and possibly to the corridor.</p> <p>7. Based on observation, the fire rated glass is missing from the ¾ fire rated door separating the kitchen from the pantry. Incomplete fire rated doors could allow a fire to spread quickly.</p> | C 189 | | |

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| C 189 | Continued From page 4 8. Based on observation, the facility failed to be maintained free of hazards because of exit signs not working. Exit signs that do not work could delay an evacuation in an emergency. Findings include: a. The required exit sign was not working in the exit corridor near room B8. b. The required exit sign was not working in the exit corridor near room C8. 9. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction and inoperable ceiling radiation dampers present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. The listed ceiling radiation damper in the HVAC duct penetration in the corridor near room C7 was tied open with wire. Dampers that are held open with means other than a manufacturer's approved fuse link will not close properly in the event of a fire. b. The attic access doors in the employee lounge and near the mechanical/sprinkler riser room were of one layer of gypsum board resting on wood casing. Attic access doors constructed this way cannot meet one-hour fire protection requirements. c. Hole at the sprinkler line in the ceiling of the sprinkler riser room. d. Holes in ceiling of maintenance room. e. Cover plates missing on wall electrical junction boxes in mechanical closet near room C8. f. Cover plate missing on receptacle outlet in Business office. g. Hole in ceiling of Business office. | C 189 | | |

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| C 189 | Continued From page 5 h. The listed ceiling radiation dampers in the HVAC duct penetrations in the corridor near rooms B8 and C8 were very dirty. Dampers that are not periodically inspected and cleaned may not close properly in the event of a fire. | C 189 | | | |
| C 199 | Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings include; a. The exhaust was not working in the bathroom off room B5. b. The exhaust was not working in the mop closet off the laundry. c. The exhaust was not working in the mop closet near the kitchen. | C 199 | | | |

The following is the Plan of Correction for Brookdale Asheville Walden Ridge related to the DHSR Construction Section Biennial survey conducted August 11, 2015 resulting in deficiencies. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation of finding, nor have we identified mitigating factors.

10A NCAC 13F .0305 Physical Environment

Hand Grip screws were tightened on August 27, 2015. An inspection of all hand grips will be completed by the Maintenance Director no later than October 1, 2015 and any needed repairs will be completed by that date.

10A NCAC 13F .0306 Housekeeping and Furnishings

The shelf above the range in the kitchen was removed on August 28, 2015. The broken floor coverings in the exit corridors of A and D Halls will be repaired no later than October 1, 2015. An inspection of all floor coverings will be completed by the Maintenance Director and any needed repairs will be completed by that date.

A vacuum breaker will be installed on the water fixture/hose in the Beauty Salon no later than October 1, 2015.

10 NCAC 13F .0311 Other Requirements-Building Equipment Maintained Safe, Operating

The cross-corridor door on D Hall was planed down at the high spot on the top edge of the door on August 26, 2015. The door is now closing completely. All cross-corridor doors have been inspected and all are closing properly. Routine monthly inspections of these doors will be completed by the Maintenance Director and any doors that are not closing properly will be repaired.

The chairs obstructing the exterior exit door/path on B Hall were removed on August 11, 2015. All associates have been re-trained on the need to ensure all exterior exit doors and pathways are free from obstruction by chairs, tables and other objects. All stored items were removed from the exit corridors on August 14, 2015. Routine weekly inspections of the exit corridors will be completed by the Maintenance Director to ensure compliance.

The doors identified during the inspection as not closing or properly fitting the opening at the top of the door were repaired as of 8/28/15. Installation of pre-painted 3/4"x 1.5"x 35 1/4" furring strips at the top of the door threshold was completed on August 28, 2015.

The latch on the ¾ fire rated door separating the kitchen from the serving kitchen was removed on August 11, 2015. The fire rated glass in the door separating the kitchen from the pantry was replaced on August 15, 2015.

The back-up batteries for the exit signs identified as not working during the survey were replaced on August 20, 2015. Monthly inspections of the proper battery function for the exit signs will be completed by the Maintenance Director. The identified, compromised fire rated walls and ceilings with holes, penetrations, improper openers and missing cover plates will be repaired and/or corrected no later than October 1, 2015. Routine monthly inspections will be completed by the Maintenance Director to assist with compliance.

The listing ceiling radiation dampers in the HVAC duct penetrations in the B Hall and C Hall corridors will be cleaned by October 1, 2015. All HVAC duct penetrations will be inspected and any identified as needing to be cleaned, will be cleaned. Routine monthly inspections of this area will be completed by the Maintenance Director to assist with compliance.

10A NCAC 13F .0311 Other Requirements—Exhaust Ventilation

The belts for the rooftop motors for the identified exhaust were replaced on August 28, 2015. All rooftop motors for exhaust will be inspected for proper working condition by October 1, 2015. Ongoing monthly inspections of the rooftop motors will be completed by the Maintenance Director to ensure they are functioning properly and to assist with compliance.

Respectfully Submitted,



Dee Brooks, RN Executive Director
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4 Walden Ridge Drive
Asheville NC 28803